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# TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/848,948
	<b>Filing Date</b>	May 4, 2001
	<b>First Named Inventor</b>	Hanash
	<b>Group Art Unit</b>	1642
	<b>Examiner Name</b>	Rawlings, Stephen
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	A31909-PCT-USA 072874.0153

## ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>  Return receipt postcard
<b>Remarks</b> <input type="checkbox"/>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
<b>Signature</b>		<b>Att Name:</b> Rochelle K. Seide <b>PTO Reg:</b> 32,300
<b>Date</b>	Nov. 10, 2004	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: Nov. 10, 2004			
<b>Typed or printed name</b>	Rochelle K. Seide		
<b>Signature</b>		<b>Date</b>	Nov. 10, 2004

Title: S100 PROTEINS AND AUTOANTIBODIES AS SERUM MARKERS FOR CANCER

Use Space Below for Additional Information: